

# the Quest for Southern Gold

## 23<sup>rd</sup> National Veterans Golden Age Games



June 1-5, 2009

Birmingham, Alabama

Co-sponsored by:



Hosted by:

BIRMINGHAM VA MEDICAL CENTER

REGISTRATION PACKET

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DEPARTMENT OF VETERANS AFFAIRS  
Birmingham VA Medical Center  
700 19th Street South  
Birmingham, AL 35233

January 14, 2009

Dear 2009 National Veterans Golden Age Games Competitors:

On behalf of the Birmingham VA Medical Center, it is my honor and pleasure to invite you to participate in the 23rd National Veterans Golden Age Games (NVGAG) taking place in Birmingham, Alabama, June 1-5, 2009.

Birmingham is the largest city in Alabama, and is known for its monuments and exhibits dedicated to veterans. From the Alabama Veterans Memorial Park to the Southern Museum of Flight, there are monuments that honor the sacrifices of Alabamians who defended our freedom. The Birmingham Civil Rights Institute features permanent exhibitions that are a self-directed journey through the Civil Rights Movement and human rights struggles of today. Other attractions of interest are the Birmingham Museum of Art, the Sloss Furnace National Historic Landmark, the McWane Science Center and its IMAX Theater, the Barber Vintage Motorsports Museum, the Birmingham Zoo, the Alabama Adventure theme park and much more.

We have many exciting venues for the sporting events such as Lakeshore Foundation Aquatic Center, Birmingham Jefferson Convention Center, Birmingham-Southern College and the challenging Highland Golf Course.

We would like to express our appreciation for the support and generosity of the 2009 NVGAG sponsors: the Department of Veterans Affairs, the Veterans Canteen Service and Help Hospitalized Veterans.

Enclosed is the 2009 registration packet. Because incomplete applications will be returned, you may wish to have your local VA Recreation Therapy staff or coach help you fill it out. If you have questions or need more information, please call our administration team at (205)-933-4467.

Come to Birmingham and enjoy *The Quest for Southern Gold* at the 2009 National Veterans Golden Age Games.

A handwritten signature in black ink, reading "Rica Lewis-Payton".

Rica Lewis-Payton, MHA, FACHE  
Medical Center Director





# NATIONAL VETERANS GOLDEN AGE GAMES

Office of the Director  
National Veterans Golden Age Games  
50 Irving St., NW  
Washington, DC 20422

December 1, 2008

Dear 2009 National Veterans Golden Age Games Applicants:

I sincerely hope that everyone is doing well and are maintaining your competitive edge by preparing yourselves for the 2009 National Veterans Golden Age Games. The staff and volunteers at the Birmingham VA Medical Center in Birmingham, AL, are working hard in preparation to provide you with the best venue sites for great competition and some true southern hospitality.

Birmingham is a wonderfully historic city full of exciting sites like the Vulcan Park and Museum, which is home to the world's largest cast iron statue and features spectacular panoramic views of Birmingham. Another spectacular site for the vintage motorcycle and automobile enthusiasts is the world famous Barber Motorsports Park featuring the Museum that houses the largest number of motorcycles in America with more than 1,000 vintage and modern motorcycles and a collection of Lotus and vintage sports cars. There are many more sites to tour in Birmingham – too many to mention but you will enjoy this historic city.

As with each host city, we will be able to take advantage of its unique facilities and qualities. One of the more interesting facilities is the Lakeshore Foundation, one of the nation's newly opened premiere fitness, recreation and education facilities. Included in this complex is an Aquatics Center with two pools, where the swimming competition will be held. The Center serves as an official U.S. Olympic & Paralympics Training Site that can accommodate a variety of sports.

Based on your comments, we are bringing back the all group meals to the extent that we can. Obviously, for those who are competing at the lunch time frame, you will have the boxed lunches but breakfast, lunch and dinner will be served at the Sheraton downtown with the exceptions of special events held during the evening meal, like a BBQ at one of the venue sites, etc.

Although this is not a qualifying year for the National Senior Games, it is a great opportunity to continue to improve your skills in preparation for the 2010 Games in Des Moines. I am looking forward to seeing all of you June 1 - 5 in Birmingham, Alabama for the "Quest for Southern Gold."

Sincerely,

DEWAYNE C. VAUGHAN  
Director  
National Veterans Golden Age Games



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# Schedule of Events

## *23<sup>rd</sup> National Veterans Golden Age Games* *June 1-5, 2009*      *Birmingham, AL*

### **Sunday, May 31**

All Day	Arrival of Athletes	Downtown Birmingham
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### **Monday, June 1**

8:00 a.m. – 5:00 p.m.	Registration Check/In	BJCC* East Exhibit Hall 1
4:00 p.m. – 5:00p.m.	Coaches' Meeting	BJCC East A
7:00 p.m. – 9:00 p.m.	Opening Ceremony	BJCC East Exhibit Hall 3
9:00 p.m. – midnight	Dance	BJCC East Ballroom

### **Tuesday, June 2**

8:00 a.m. – 2:00 p.m.	Golf	Highland Golf Course
8:00 a.m. – 4:00 p.m.	Bowling	Lightning Strikes Bowling
8:00 a.m. – 5:00 p.m.	Checkers	BJCC East B & C
8:00 a.m. – 10:00 a.m.	Cycling ¼ mile	Old Berry High School
10:00 a.m. – noon	Cycling ½ mile	Old Berry High School
6:00 p.m. – 10:00 p.m.	Museum Tour and Dinner	Barber Vintage Motorsport Museum

### **Wednesday, June 3**

8:00 a.m. – 5:00 p.m.	Croquet	Birmingham Southern College
8:00 a.m. – 5:00 p.m.	Table Tennis	BJCC East Exhibit Hall 2
8:00 a.m. – 5:00 p.m.	Shuffleboard	BJCC East Exhibit Hall 2
10:00 a.m. – 4:00 p.m.	Tours Available	Civil Rights Institute/ Vulcan Museum
3:00 p.m. – 5:00 p.m.	Medal Ceremony	BJCC East Ballroom
7:00 p.m. – 9:00 p.m.	VCS Bingo	BJCC East Exhibit Hall 1

### **Thursday, June 4**

8:00 a.m. – 5:00 p.m.	Nine-ball	BJCC East Exhibit Hall 3
8:00 a.m. – 5:00 p.m.	Horseshoes	BJCC East Exhibit Hall 3
8:00 a.m. – 5:00 p.m.	Dominoes	BJCC East B & C
10:00 a.m. – 4:00 p.m.	Tours Available	Civil Rights Institute/ Vulcan Museum
1:00 p.m. – 4:00 p.m.	Swimming	Lakeshore Foundation
3:00 p.m. – 5:00 p.m.	Medals Ceremony	BJCC East Ballroom
6:00 p.m. – 9:00 p.m.	Southern Blues & BBQ	Linn Park

### **Friday, June 5**

8:00 a.m. – noon	Shot Put	Birmingham Southern College
8:00 a.m. – noon	Discus	Birmingham Southern College
8:00 a.m. – noon	Air Rifle	BJCC East Exhibit Hall 2
9:00 a.m. – noon	Tours Available	Birmingham Museum of Art
3:00 p.m. – 5:00 p.m.	Medal Ceremony	BJCC East Ballroom
7:00 p.m. – 8:30 p.m.	Closing Ceremony	BJCC East Exhibit Hall 3
9:30 p.m. – midnight	Dance	BJCC East Ballroom

### **Saturday, June 6**

All Day	Departures
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\* BJCC – Birmingham Jefferson Convention Complex

**SCHEDULE SUBJECT TO CHANGE**

## General Information

- WHO MUST REGISTER:** All competitors, coaches, support staff, and volunteers must register. Each individual registering must complete a separate registration form.
- HOW TO REGISTER:** Registration must be done via the forms included in this packet.
- ELIGIBILITY:** All veterans, ages 55 and older, who currently receive inpatient or outpatient care from the U. S. Department of Veterans Affairs.

**REGISTRATION DEADLINE:** Completed registration packets must be postmarked on or before:

**MARCH 31, 2009**

**PLEASE RETURN COMPLETED PACKETS TO:**

National Veterans Golden Age Games  
Administration Subcommittee (136- GAMES)  
VA Birmingham Medical Center  
700 South 19<sup>th</sup> Street  
Birmingham, AL 35233

If your packet is incomplete, you will be contacted to re-submit missing documents. This will delay your registration. Please enlist the help of your coaches before mailing your packet.

**NO LATE REGISTRATION PACKETS WILL BE ACCEPTED**

The NVGAG Website, event rules, and registration forms can be found on the internet at:  
[www.veteransgoldenagegames.va.gov](http://www.veteransgoldenagegames.va.gov)

- GAME EVENTS:** All competitors must enter at least **two** but no more than **four** events. Complete the Event Selection Form B in the registration packet. Events include: cycling, bowling, checkers, croquet, dominoes, golf, horseshoes, Nine-ball, shot put, discus, 10-meter air rifle, shuffleboard, table tennis, and swimming.

**PLEASE FEEL FREE TO MAKE ADDITIONAL COPIES OF THIS REGISTRATION PACKET**

## General Information (Continued)

**AGE CLASSIFICATION:** All age classifications will be determined by the competitor's age as of **June 2, 2009**. There are seven age classifications:

**55-59      60-64      65-69      70-74      75-79      80-84      85+**

Competitors will compete by gender in the following events: **Cycling, Bowling, Horseshoes, Shot Put, Swimming, and Discus**

**CLASSIFICATION:** Non-ambulatory competitors will have a separate division in the following events:

<b>Table Tennis</b>	<b>Swimming</b>	<b>Horseshoes</b>
<b>Nine-ball</b>	<b>Bowling</b>	<b>Shot Put</b>
<b>Shuffleboard</b>	<b>Discus</b>	

Visually impaired competitors will have a separate division in the following events:

<b>Bowling</b>	<b>Horseshoes</b>	<b>Shuffleboard</b>
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**AIR TRAVEL:** Competitors should plan to arrive and depart from the Birmingham International Airport (BHM). For departure on Saturday, competitors should arrive at the airport approximately one and one half hours from your flight time.

**HOTEL:** Hotel reservations and payment are the responsibility of the traveler. Specific hotel information will be forwarded to competitors after acceptance of registration.

**TRANSPORTATION:** The Games' organizers will provide transportation for arrivals on **Sunday, May 31, 2009**, between the airport, train station, bus station, and hotels between the hours of 4:30 am and midnight. Representatives of the Games will greet you at the airport or station. Transportation for all National Veterans Golden Age Games sponsored events and activities will also be provided from the hotels. If traveling by air, check with your local air terminal for the latest update on Transportation Security Administration (TSA) requirements regarding carry-on items. Competitors traveling with oxygen will need to make arrangements with the airlines regarding the transport of oxygen. Coordination of oxygen services is the responsibility of the competitor.

Transportation will be provided to the airport, bus station, and train station for departures on **Saturday, June 6, 2009** between the hours of 4:30 am and midnight.

**WEATHER:** Birmingham weather in June is usually warm and sunny with occasional showers. Temperatures average from the low 90s during the day to upper 60s at night. The hotel rooms and areas for indoor events are all air conditioned. Items to consider bringing include a light jacket, umbrella, sweater, hat, swimsuit, sunscreen (**SPF 30 or higher recommended**), insect repellant, sunglasses, and appropriate clothing for hot temperatures.

## General Information (Continued)

<b>MEDICAL:</b>	Medical assistance will be provided 24 hours a day as part of the 2009 National Veterans Golden Age Games. Sick call and emergency medical treatment will be available at the <b>Sheraton Civic Center Hotel</b> . First aid and patient stabilization will be provided at the events and activities. Ambulances will be called if emergency care is needed. <b>Medical assistance is not intended for pre-existing conditions.</b> Competitors must bring with them enough medication and medical supplies to last throughout the Games. <b><u>There are no provisions for providing replacement medications and medical supplies.</u></b>
<b>PERSONAL DOCUMENTS:</b>	As whenever you travel, it is recommended you include all of your health and insurance information as part of your personal travel documents.
<b>CONFIRMATION OF REGISTRATION:</b>	Once your completed application has been received and accepted by the 2009 Games office, a letter of confirmation will be sent to you. Included with the confirmation letter will be a form for you to complete regarding your travel itinerary. The travel itinerary form must be returned by <b>April 30, 2009</b> . Additional correspondence regarding the Games may follow. Please be sure to watch for these items and read them carefully.
<b>WALL OF HEROES:</b>	The National Veterans Golden Age Games traditional "Wall of Heroes" will continue at the Games in Birmingham! Please send a photograph in with your registration packet. Photos should depict competitors (preferably in military uniform) and be 4"x6", 5"x7", or 8"x10" in size. <b><u>Please note that Wall of Heroes photographs will not be returned.</u></b>
<b>MISCELLANEOUS:</b>	Arrival date is Sunday, May 31, 2009. Dinner will be provided Sunday evening. Registration for the Games and events will be on Monday, June 1, 2009, in the Birmingham Jefferson Civic Center, East Exhibit Hall I from 8:00 am to 5:00 pm. Opening Ceremonies are at 7:00 pm on Monday, June 1, 2009.

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**REGISTRATION DEADLINE IS MARCH 31, 2009**

**NO LATE REGISTRATION PACKETS WILL BE ACCEPTED**

The NVGAG Website, event rules, and registration forms can be found on the internet at:  
[www.veteransgoldenagegames.va.gov](http://www.veteransgoldenagegames.va.gov)

**PLEASE FEEL FREE TO MAKE ADDITIONAL COPIES OF THIS REGISTRATION PACKET**



## Lodging Information

**Lodging:** The 2009 National Veterans Golden Age Games will be held in Birmingham, Alabama. After receipt of your completed registration packet, you will receive a letter of confirmation with further instructions for making hotel reservations. You will be responsible for making your reservations by contacting the hotel as listed on your confirmation. Please specify your need for a handicap accessible room, if applicable, when completing your reservations. **THE HOTELS WILL NOT ACCEPT RESERVATIONS PRIOR TO YOUR RECEIPT OF YOUR LETTER OF CONFIRMATION.**

**Hotel Rates:** The hotel rates are the government rate (\$94.00/Night) for Birmingham. The hotels accept all major credit cards.

**Hotel  
Reservation  
Deadline:**

April 30, 2009: 5:00 p.m. Central Standard Time

**Meals:** Meals are furnished at no cost to all 2009 NVGAG veteran competitors. Meals will be available beginning with dinner on arrival day, Sunday, May 31, 2009, and concluding with breakfast on departure day, Saturday, June 6, 2009. The menus will accommodate special diets including diabetic, vegetarian, etc. **Other special diet requests are to be in writing and should accompany the registration packet.**

Coaches, support staff, and family members may purchase meal tickets by the day or week. See Form H: Non-Competitor Meals.

Tickets are required for all meals and will be issued upon arrival.

**NVGAG  
WEBSITE:**

The NVGAG Website, event rules, and registration forms can be found online at: [www.veteransgoldenagegames.va.gov](http://www.veteransgoldenagegames.va.gov)

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**For further information or if you have questions, contact the  
23<sup>rd</sup> NATIONAL VETERANS GOLDEN AGE GAMES Office:**

**Phyllis Sullivan or Libby McElroy, Administration Sub Committee**  
National Veterans Golden Age Games  
Birmingham VA Medical Center  
700 South 19<sup>th</sup> Street  
Birmingham, AL 35233  
**By e-mail at:** [Phyllis.Sullivan@va.gov](mailto:Phyllis.Sullivan@va.gov)  
**By phone at:** (205)933-4467

# Registration Checklist

Please ask your coach or medical center staff to review this checklist with your attached forms prior to mailing.

**REGISTRATION DEADLINE IS MARCH 31, 2009**

Name: \_\_\_\_\_

## COMPETITOR FORMS

- ☐ Competitor Application (Form A)
- ☐ Event Selection (Form B)
- ☐ Hometown News Release Questionnaire (Form C)
- ☐ Waiver and Release of Liability / Publicity Release (Form D)
- ☐ General Medical Information (Form E)
  - ☐ Current EKG Report
  - ☐ Current Medication Profile
- ☐ Alternate Activities Selection (Form F)

**\*Non-Competitors** (coaches, support staff, family members) may purchase meal tickets by the day or week. See Form H: Non-Competitor Meals.

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The NVGAG Website, event rules, and registration forms can be found on the internet at:  
[www.veteransgoldenagegames.va.gov](http://www.veteransgoldenagegames.va.gov)

## COMPETITOR INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Your Age as of June 2, 2009: \_\_\_\_\_ Sex: ☐ M ☐ F  
 DIVISION: ☐ Ambulatory ☐ Wheelchair ☐ Visually Impaired (Legally Blind)  
 If you are a member of a Veterans Service Organization, indicate that organization \_\_\_\_\_  
 Please indicate your t-shirt size: ☐ Small ☐ Medium ☐ Large ☐ XL ☐ XXL ☐ XXXL  
 Primary VA Medical Center: \_\_\_\_\_ Team Coach: \_\_\_\_\_  
 Telephone # of Team Coach (regular): \_\_\_\_\_ during the games (cell): \_\_\_\_\_  
 Your Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Day Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
 Accompanying Non-Competitor Name: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

## WHEELCHAIR/SCOOTER INFORMATION (Please provide the following information about your wheelchair and/or scooter. This information can be obtained from your Prosthetics Department.)

Are you able to ambulate short distances without assistance? ☐ Yes ☐ No  
 Manufacturer: \_\_\_\_\_ Model/Make: \_\_\_\_\_ Serial Number: \_\_\_\_\_  
 Type: ☐ Power ☐ Manual Frame Type: ☐ Rigid ☐ Folding  
 Camber: \_\_\_\_\_ Weight: \_\_\_\_\_ Overall Width: \_\_\_\_\_  
 Seat Height: \_\_\_\_\_ Seat Width: \_\_\_\_\_ Seat Depth: \_\_\_\_\_  
 Front Wheel/Caster Type: ☐ Wheel ☐ Caster Height: \_\_\_\_\_ Width: \_\_\_\_\_ Tire Size: \_\_\_\_\_  
 Back Wheel/Caster Type: ☐ Wheel ☐ Caster Height: \_\_\_\_\_ Width: \_\_\_\_\_ Tire Size: \_\_\_\_\_  
 Wheelchair/cart Inspected By: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

*It is your responsibility to have your wheelchair/scooter inspected by a VA prosthetic specialist and/or designee before arrival at the Games to insure that your equipment is in good working order.*

Do you have a service dog? ☐ Yes ☐ No

ASSISTIVE EQUIPMENT- All competitors are encouraged to bring their own assistive equipment (shower benches, commode chairs, etc.). A limited number of such equipment will be available on a first-come, first-served basis during the Games. Please indicate the items needed along with style, model numbers, etc., and we will try to accommodate you: \_\_\_\_\_

Please indicate if you require meal accommodation for a special diet:

☐ Diabetic

☐ Vegetarian

☐ Other (Please Specify: \_\_\_\_\_)

**You must plan to bring any medications you take and any assistive equipment you use.**

# Competitor Event Selection:

## Form B

Name \_\_\_\_\_

☐ Male ☐ Female

Age (as of June 2, 2009): ☐ 55-59 ☐ 60-64 ☐ 65-69 ☐ 70-74 ☐ 75-79 ☐ 80-84 ☐ 85+

**Check at least two, but not more than four events.** When competitors are scheduled for two events with conflicting times, attend the bracketed events first. Otherwise, the competitor will be disqualified for failure to report for the event on time. Bracketed events are designated with an \*. DO NOT schedule conflicting events!

Division Classification – I will be competing in the following division (Check only one):

☐ Ambulatory ☐ Wheelchair ☐ Visually Impaired (Legally Blind)

**When you register in one division, you must register for all events in that division.**

### TUESDAY, JUNE 2

**Note- You may not compete in both Golf and Checkers.**

#### Golf- 18 Holes:

Ambulatory Division Only

☐ 8:00 AM – 2:00 PM

All Golfers must bring their own clubs.

#### Bowling: All Divisions

Starts at 8:00 AM;

Ends at 4:00 PM

- ☐ Ambulatory  
☐ Wheelchair  
☐ Wheelchair Adaptive  
☐ Visually Impaired

#### \*Checkers:

All Divisions

- ☐ 8:00 AM 55-59 & 65-69  
☐ 10:00 AM 80-84 & 85+  
☐ 1:00 PM 60-64 & 75-79  
☐ 3:00 PM 70-74

#### Cycling: Ambulatory Division

- ☐ 8:00 AM ¼ Mile  
☐ 10:00 AM ½ Mile  
(Appropriate foot attire must be worn)

### WEDNESDAY, JUNE 3

**Note- You may not compete in both Croquet and Table Tennis.**

#### \*Croquet: Ambulatory Division

- ☐ 8:00 AM 60-64  
☐ 9:30 AM 70-74  
☐ 10:30 AM 80- 84 & 85+  
☐ 1:00 PM 75-79  
☐ 2:00 PM 65-69  
☐ 3:00 PM 55-59

#### \*Shuffleboard: All Divisions

- ☐ 8:00 AM 80-84 & 85+  
☐ 9:30 AM 65-69  
☐ 10:30 AM 75-79  
☐ 1:00 PM 55-59  
☐ 2:00 PM 70-74  
☐ 3:00 PM 60-64

#### \*Table Tennis:

Ambulatory & Wheelchair Div.

- ☐ 8:00 AM 60-64  
☐ 9:30 AM 55-59  
☐ 10:30 AM 70-74  
☐ 1:00 PM 80-84 & 85+  
☐ 2:00 PM 75-79  
☐ 3:00 PM 65-69

### THURSDAY, JUNE 4

**Note:** Competitors may not compete in both Dominoes and Nine Ball.

#### \*Dominoes: All Divisions

- ☐ 8:00 AM 55-59 & 75-79  
☐ 10:00 AM 60-64 & 70-74  
☐ 1:00 PM 80-84 & 85+  
☐ 3:00 PM 65-69

#### \*Nine Ball:

Ambulatory & Wheelchair Division

- ☐ 8:00 AM 75-79  
☐ 9:30 AM 80-84 & 85+  
☐ 10:30 AM 60-64  
☐ 1:00 PM 70-74  
☐ 2:00 PM 55-59  
☐ 3:00 PM 65-69

#### \*Horseshoes:

All Divisions

- ☐ 8:00 AM 70-74  
☐ 9:30 AM 55-59  
☐ 10:30 AM 65-69  
☐ 1:00 PM 60-64  
☐ 2:00 PM 80-84 & 85+  
☐ 3:00 PM 75-79

#### \*\*Swimming:

Ambulatory & Wheelchair Division

- 1:00 PM All Age Groups  
☐ Freestyle 25 yard  
☐ Freestyle 50 yard  
☐ Backstroke 25 yard  
☐ Backstroke 50 yard

**\*\*Note-** You may select no more than two swimming events which will count toward two of the total of four events that you may compete in. If you have afternoon events that conflict with Swimming, you must make a choice between those events or swimming.

### FRIDAY, JUNE 5

#### Shot Put:

Ambulatory & Wheelchair Divisions

- ☐ 8:00 AM – 12:00 PM

#### Air Rifle:

All Divisions

- ☐ 8:00 AM – 12:00 PM

#### Discus:

Ambulatory & Wheelchair Divisions

- ☐ 8:00 AM – 12:00 PM



*Because of the growing numbers of competitors, we cannot prepare a news release on your participation in the Games if you do not fill out this form completely. This form gives us the specific information we need to prepare a news release to distribute to media outlets where you live. We have simplified it as much as possible, so it is very easy to fill out. If you have any questions, please call Jenny Tankersley Ballou at (757) 728-3450 or Bertram Perry at (205) 933-8101 ext 2981.*

1. Your Name: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

3. Please confirm your branch of service.

☐ Army ☐ Army Air Corps ☐ Navy ☐ Marine Corps  
☐ Air Force ☐ Coast Guard ☐ National Guard ☐ Other \_\_\_\_\_

4. If you are a peace-time veteran, where and when did you serve?  
 \_\_\_\_\_

5. a. Did you ever serve in combat? ☐ Yes ☐ No

b. Where did you serve in combat?

☐ World War II (European Theater) ☐ Korean War ☐ Gulf War  
☐ World War II (Pacific Theater) ☐ Vietnam ☐ Other \_\_\_\_\_

c. Were you injured in combat? ☐ Yes ☐ No

d. Were you ever held as a POW? ☐ Yes ☐ No If yes, where? \_\_\_\_\_

6. Are you a member of a Veteran Service Organization (VSO)? ☐ Yes ☐ No

If Yes, which Veteran Service Organization(s)? \_\_\_\_\_

7. What VA medical facility do you represent (city and state)? \_\_\_\_\_

**Please note: All event results will be posted on the Games Web site by competitor name unless you check the "no" box here:** ☐ No (Your results will not be posted. Complete question 8 and sign below)

8. a. Do you want us to prepare a news release about your competition in the National Veterans Golden Age Games? ☐ Yes ☐ No **If you marked "no," please sign under 8b below. You are done with Form C. You will not receive a photo of your participation.**

b. If you marked "yes" to a news release in 8a, please provide the following information, sign below, and then complete questions 9-12.

☐ I give permission for my phone number to be included in my news release posted on the Games Web site.

☐ I do not want my phone number listed on my news release. Media may contact me through the Games Public Affairs Coordinator, Jenny Tankersley Ballou at (757) 728-3450 or Bertram Perry at (205) 933-8101 ext 2981.

(Signature) \_\_\_\_\_

**If you wish to have a news release, please answer questions 9-12 on next page.**

9. What are the nearest DAILY and WEEKLY newspapers to your home? (If you don't know the name, please give the closest large city, or the county that you live in.)

_____	_____
Name (Please print)	City
_____	_____
Name (Please print)	City
_____	_____
Name (Please print)	City

10. **YOUR QUOTE FOR THE NEWS RELEASE:** (This is mandatory.) All we need are a few thoughts from you telling us such things as how you feel about the Games, what NVGAG competition has done for your life, how many times you've competed, what you have looked forward to the most, why staying active is important, what you hope to achieve, favorite event, etc. *(Just give us a few ideas and we'll take it from there!)*

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11. Which years have you participated in the NVGAG:

<input type="checkbox"/> 1985	<input type="checkbox"/> 1987	<input type="checkbox"/> 1988	<input type="checkbox"/> 1990	<input type="checkbox"/> 2007
<input type="checkbox"/> 1991	<input type="checkbox"/> 1992	<input type="checkbox"/> 1993	<input type="checkbox"/> 1994	<input type="checkbox"/> 2008
<input type="checkbox"/> 1995	<input type="checkbox"/> 1996	<input type="checkbox"/> 1997	<input type="checkbox"/> 1998	
<input type="checkbox"/> 1999	<input type="checkbox"/> 2000	<input type="checkbox"/> 2001	<input type="checkbox"/> 2002	
<input type="checkbox"/> 2003	<input type="checkbox"/> 2004	<input type="checkbox"/> 2005	<input type="checkbox"/> 2006	

12. Please describe your favorite Games memories. \_\_\_\_\_

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**Thank you!**

**Read before Signing****RELEASE OF LIABILITY:**

In consideration of being allowed to participate in the 2009 National Veterans Golden Age Games, related events, and activities, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in these Games is significant, including the potential for serious bodily injury including death and property damage. I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, and assume full responsibility for my participation.
2. I willingly agree to comply with the stated and customary terms and conditions for my participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
3. I, for myself and on behalf of my guardians, executors, heirs, assigns, personal representatives, and administrators, HEREBY RELEASE, HOLD HARMLESS, COVENANT NOT TO SUE, AND FOREVER DISCHARGE, the United States Government; the Veterans Canteen Service, Help Hospitalized Veterans; their officers, directors, officials, members, agents, and employees; and any and all sponsoring agencies, sponsors, advertisers, owners, and lessors of premises used to conduct the Games, related events, and activities; and, officials, volunteers, and other participants of the 23rd National Veterans Golden Age Games, from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any and all injury, disability, death, or loss or damage to person or property.
4. I consent to medical treatment in the case of emergency. I agree to assume full responsibility for payment of any and all fees incurred as a result of such medical treatment.

I HAVE READ THIS ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name (Please Print): \_\_\_\_\_

**IN CASE OF EMERGENCY, NOTIFY:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Relationship: \_\_\_\_\_

**RELEASE OF PICTURE/VOICE RECORDINGS AND/OR INFORMATION:**

I voluntarily and without compensation authorize pictures and/or voice recording(s) to be made of me by or on behalf of the Department of Veterans Affairs (VA), Veterans Canteen Service (VCS), Help Hospitalized Veterans (HHV), U.S. military publications, and other magazines, veterans' publications, newspapers, and broadcast media, etc., while I am a participant in the 23rd National Veterans Golden Age Games. I authorize any or all of the above to publicize and/or display such photographs and recordings, or to provide such photographs and recordings to others of their choosing for display, without notice or payment of any royalty, fee, or other compensation of any character to me for the use of my picture and/or voice. I understand that the said picture(s) and/or voice recording(s) are intended to publicize and give recognition to the National Veterans Golden Age Games. I also authorize storage of my registration and event data in the electronic media.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Medical Clearance Instructions for Competitors

**You must be seen by your VA Primary Care Provider to be medically cleared to participate in the Games.**

**Reminder: Medical assistance is not intended for pre-existing conditions.** Competitors must bring with them enough medication and medical supplies to last throughout the Games. **There are no provisions for providing replacement medications and medical supplies.** We will not refill any narcotic prescriptions.

**Medical assistance will be provided 24 hours a day as part of the 2009 National Veterans Golden Age Games.** Sick call and emergency medical treatment will be available at the **Sheraton Civic Center Hotel**. First aid and patient stabilization will be provided at the events and activities. Ambulances will be called if emergency care is needed.

Competitors using oxygen must have their sponsoring VA Medical Center coordinate oxygen services, including supplies, with a local oxygen provider.

When you check-in for the Games, you must tell us if there have been any significant changes in your health since you completed your application. These include:

- Changes in medication
- Admissions/Hospitalizations
- New diagnosis, problems, or conditions

We need current addresses and phone numbers for:

- You
- Next of Kin
- Emergency Contact Person
- Your Primary Care Provider
- Sponsoring Facility Point of Contact

**Please have your VA Primary Care provider complete the enclosed General Medical Information/Medical Form (Form E) enclosed in this packet.**



***A physician, nurse practitioner or physician assistant must fill out and sign this form.***

Dear Provider: Pending your approval, your veteran plans to participate in various athletic events and/or games which may be strenuous and/or dangerous depending on his/her condition. Additionally, should your veteran require personal ADL assistance, please understand this will not be provided by the Birmingham VA Medical Center and would be a reason not to clear him/her unless he/she is accompanied by a caregiver.

**All fields require an answer. If any question does not apply to this veteran please indicate "NA."**

Veteran's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Last First

SSN: \_\_\_\_\_ Veteran's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

PLEASE REVIEW VETERAN DEMOGRAPHICS FOR ACCURACY BEFORE YOU COMPLETE THIS FORM

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

PROBLEM LIST (Active Problems): ☐ COPD ☐ Heart Failure ☐ Hypertension ☐ Diabetes

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I have reviewed the above active problems and confirm that this list is current. ☐ Yes ☐ No

All Active Medications: \_\_\_\_\_

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I have reviewed the above medications and the veteran is taking them as directed. ☐ Yes ☐ No

LAST ADMISSION: \_\_\_\_\_

Allergies: \_\_\_\_\_

Vision: Is the veteran visually impaired (legally blind)? ☐ Yes ☐ No

Hearing: Is the veteran hearing impaired? ☐ Yes ☐ No

Tetanus Toxoid Date: \_\_\_\_\_ Please update Tetanus if not within 10 years. ☐ Yes ☐ No

PPD date: \_\_\_\_\_ within 12 months: ☐ Yes ☐ No

If positive, send current x-ray report: ☐ Yes ☐ No

Can he/she take his/her own medications? ☐ Yes ☐ No

**Please advise veteran of their responsibility for bringing enough medication for the trip and the week.**

**The BIRMINGHAM VA MEDICAL CENTER WILL NOT PROVIDE NARCOTIC REFILLS FOR ANY REASON.** The cost of any medical expenses and/or medications will be charged back to the veteran or the veteran's originating facility.

**Veteran's Name:** \_\_\_\_\_

**Special Needs:**

Does the veteran need assistance with the following ADLs?

- |               |  |              |  |            |  |
|---------------|--|--------------|--|------------|--|
| a. Ambulation | <input type="checkbox"/> Yes <input type="checkbox"/> No | b. Transfer  | <input type="checkbox"/> Yes <input type="checkbox"/> No | c. Feeding | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Grooming   | <input type="checkbox"/> Yes <input type="checkbox"/> No | e. Toileting | <input type="checkbox"/> Yes <input type="checkbox"/> No |            |  |

Is the veteran incontinent of urine? ☐Yes ☐No    Is the veteran incontinent of bowel? ☐Yes ☐No

If the veteran uses a wheelchair, can he/she transfer without assistance? ☐Yes ☐No

Durable medical equipment or special assistive devices the veteran will be using: \_\_\_\_\_

Is the veteran on portable oxygen? ☐Yes ☐No    If yes, Rx: i.e., 2L/min. \_\_\_\_\_

List special needs: (e.g. feeding tube, tracheotomy, catheter, mobility, bowel and bladder care, etc.)

List those needs that the veteran requires assistance with: \_\_\_\_\_

Behavioral Needs: \_\_\_\_\_

Cognitive Needs: \_\_\_\_\_

What activity restrictions do you recommend? \_\_\_\_\_

**Event Participation:** The veteran is physically capable of participating in these aerobic events:

- |            |  |             |  |
|------------|--|-------------|--|
| a. Cycling | <input type="checkbox"/> Yes <input type="checkbox"/> No | b. Swimming | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|------------|--|-------------|--|

Please select Yes or No by the events the veteran can or cannot participate in:

- |           |  |              |  |              |  |
|-----------|--|--------------|--|--------------|--|
| Air Rifle | <input type="checkbox"/> Yes <input type="checkbox"/> No | Bowling      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Checkers     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Croquet   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Discus       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dominoes     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Golf      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Horseshoes   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Nine-ball    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Shot Put  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Shuffleboard | <input type="checkbox"/> Yes <input type="checkbox"/> No | Table Tennis | <input type="checkbox"/> Yes <input type="checkbox"/> No |

In your opinion, can the veteran make the trip and participate in the National Veterans Golden Age Games?  
☐Yes ☐No

Does the veteran have an Advanced Directive: ☐Yes ☐No

**Provider's Name (Please Print)** \_\_\_\_\_ ☐MD ☐PA ☐NP

**Provider's Signature:** \_\_\_\_\_

**Provider: Please provide a telephone number and a pager number where you can be reached May 31-June 6, 2009:** \_\_\_\_\_

## Alternate Activity Descriptions

**Vulcan Park** – Vulcan Park and Museum is home to the world's largest cast iron statue and features spectacular panoramic views of Birmingham. The museum tells the story of Birmingham's past, present, and promise for the future. The history of Vulcan is deeply tied to Birmingham's roots and its growth. Vulcan, the Roman god of fire and forge, was built in 1904 and has stood as a symbol of Birmingham for over 100 years.

**Birmingham Civil Rights Institute** – When it opened in November of 1992, the Birmingham Civil Rights Institute represented the fulfillment of a vision first put forth by its founders in the 1970s. The permanent exhibitions offer a self-directed journey through the Civil Rights Movement of the 1960s on to the human rights struggles of today. Because this struggle was a social movement that caught the attention of the world, Birmingham is an appropriate place for an institution that serves the world as a center for study and reflection.

**Birmingham Museum of Art** – Founded in 1951, the Birmingham Museum of Art has one of the finest collections in the Southeast. The permanent collection includes over 17,000 art objects, including paintings, sculptures, prints, drawing, video, and decorative arts that span over 4,000 years and represent cultures from around the globe. Visitors are offered an opportunity to engage with both art objects and the time-periods and traditions in which they were created.

Name: \_\_\_\_\_

**\*Please use this form for both Competitors and Non-Competitors.**

I am a (circle one): **Competitor / Coach / Staff / Family Member / Guest**

Please check the appropriate box related to the tour which you would like to attend. Please ensure these activities do not conflict with your event schedule. Tours are listed by departure times from the Birmingham Jefferson Convention Complex. Transportation will be provided to the alternate activity site. Upon arrival at the venue (Vulcan Museum and Civil Rights Institute), you will be required to pay the cost listed below. Each tour will last about an hour. Please see the previous page for tour descriptions.

**\*\*Costs listed are for admission only. Individual purchases, including food, are on your own.\*\***

**\*\*Payment for alternate activities is non-refundable.\*\***

## WEDNESDAY, JUNE 3

- ☐ 10:00 AM Vulcan Museum (\$5)
- ☐ 11:00 AM Vulcan Museum (\$5)
- ☐ NOON Vulcan Museum (\$5)
- ☐ 1:00 PM Civil Rights Institute (\$5)
- ☐ 2:00 PM Civil Rights Institute (\$5)
- ☐ 3:00 PM Civil Rights Institute (\$5)
- ☐ 4:00 PM Civil Rights Institute (\$5)

## THURSDAY, JUNE 4

- ☐ 10:00 AM Civil Rights Institute (\$5)
- ☐ 11:00 AM Civil Rights Institute (\$5)
- ☐ NOON Civil Rights Institute (\$5)
- ☐ 1:00 PM Vulcan Museum (\$5)
- ☐ 2:00 PM Vulcan Museum (\$5)
- ☐ 3:00 PM Vulcan Museum (\$5)
- ☐ 4:00 PM Vulcan Museum (\$5)

## FRIDAY, JUNE 5

- ☐ 10:00 AM Museum of Art (No Cost)
- ☐ 11:00 AM Museum of Art (No Cost)
- ☐ NOON Museum of Art (No Cost)
- ☐ 1:00 PM Museum of Art (No Cost)
- ☐ 2:00 PM Museum of Art (No Cost)
- ☐ 3:00 PM Museum of Art (No Cost)
- ☐ 4:00 PM Museum of Art (No Cost)

Are you able to board a bus/van without using a wheelchair/scooter? ☐ Yes ☐ No

Payment for non-competitor meals will be accepted upon your arrival at the Games at the finance/check-in table.

Only cash/money order and credit/debit cards will be accepted as payment.

**REGISTRATION DEADLINE IS MARCH 31, 2009**



# Non-Competitor Registration Checklist

**REGISTRATION DEADLINE IS MARCH 31, 2009**

Name: \_\_\_\_\_

## NON COMPETITOR FORMS

☐ Non-Competitor Application (Form G)

☐ Non-Competitor Meals (Form H)

☐ Alternate Activities (Form F)

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**\*\*Payment for non-competitor meals and all alternate activities is non-refundable.\*\***

**Payment for non-competitor meals will be accepted upon your arrival at the Games at the finance/check-in table.**

**Only cash/money order and credit/debit cards will be accepted as payment.**

**REGISTRATION DEADLINE IS MARCH 31, 2009**

Please check only one: ☐ Coach ☐ Support Staff ☐ Family/Significant Other

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: (     ) \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_

Email Address: \_\_\_\_\_

What VA Medical Center do you represent? \_\_\_\_\_

Do you use a wheelchair or scooter? ☐ No ☐ Yes

What competitor are you accompanying?

Name \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_

**In Case Of Emergency, Notify:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
                    Street                                      City                                      State                                      Zip Code

Relationship: \_\_\_\_\_

**For coaches only**, does your team have a name? ☐ No ☐ Yes

Name of Team: \_\_\_\_\_

Please list your team members:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For coaches and support staff**, please indicate your t-shirt size:

☐ Small ☐ Medium ☐ Large ☐ XL ☐ XXL ☐ XXXL ☐ Other

**Release of Picture/Information:** I voluntarily and without compensation authorize photograph(s), video(s), and voice recording(s) to be made of me by or on behalf of the Department of Veterans Affairs (VA), the Veterans Canteen Service (VCS), Help Hospitalized Veterans(HHV), US military publications, community media outlets, etc., while I am attending the 23rd National Veterans Golden Age Games. I authorize any or all of the above to publicize and/or display such photographs and recordings, or to provide such photographs and recordings to others of their choosing for display, without notice or payment of any royalty, fee, or other compensation of any character to me for the use of my picture and/or voice. I understand that the said picture(s) and/or voice recording(s) are intended to publicize and give recognition to the National Veterans Golden Age Games. Also, I authorize storage of my registration and event data in the electronic media.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name: \_\_\_\_\_

Meals are furnished for all competitors. Coaches, support staff, family members, and others may purchase meal tickets at the costs listed below.

Please tell us which meals you would like to purchase:

		<input type="checkbox"/> Non-Govt. Employee	<input type="checkbox"/> VA/Govt. Employee
_____ <b>ALL MEALS, ALL DAYS</b>		<b>\$309.00</b>	<b>\$259.00</b>
_____ Sunday, 05/31/09	Dinner Only	\$27.00	\$27.00
_____ Monday, 06/01/09	Three Meals	\$54.00	\$44.00
_____ Tuesday, 06/02/09	Three Meals	\$54.00	\$44.00
_____ Wednesday, 06/03/09	Three Meals	\$54.00	\$44.00
_____ Thursday, 06/04/09	Three Meals	\$54.00	\$44.00
_____ Friday, 06/05/09	Three Meals	\$54.00	\$44.00
_____ Saturday, 06/06/09	Breakfast Only	\$12.00	\$12.00
	<b>TOTAL:</b>	<b>\$_____</b>	<b>\$_____</b>

Please indicate if you require meal accommodation for a special diet:

☐ Diabetic

☐ Vegetarian

☐ Other (Please Specify: \_\_\_\_\_)

**\*\*Payment for non-competitor meals and all alternate activities is non-refundable.\*\***

**Payment for non-competitor meals will be accepted upon your arrival at the Games.**

**Only cash/money order and credit/debit cards will be accepted as payment.**

**Non-Competitor Alternate Activities**  
Please refer to Form F, page 19